



RCE
2800
Attorney's Docket No. 027260-505 #12
Patent

RCE
3/7/03
avg

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Koji NII et al.

Application No.: 10/003,404

Filed: December 6, 2001

For: SEMICONDUCTOR DEVICE WITH
IMPROVED SOFT ERROR
RESISTANCE (as amended)

) BOX RCE
) Group Art Unit: 2826
) Examiner: T. N. Tran
) Confirmation No.: 5384
)
)

RECEIVED
MAR -6 2003
TECHNOLOGY CENTER 2800

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

A Petition for Extension of Time is also enclosed.

A Terminal Disclaimer and the [] \$55.00 (2814) [] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.

Also enclosed is/are _____

Small entity status is hereby claimed.

Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [X] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).

Applicant(s) previously submitted Amendment, on January 27, 2003, for which continued examination is requested.

Applicant(s) request suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

No additional claim fee is required.

03/05/2003 SPENB0B1 00000120 10003404
02 FC:1801

750.00 op

(02/03)

[] An additional claim fee is required, and is calculated as shown below:

A M E N D E D C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	16	MINUS 20 =		× \$18.00 (1202) =	0.00
Independent Claims	2	MINUS 3 =		× \$84.00 (1201) =	0.00
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					
\$0.00					

[] A claim fee in the amount of \$_____ is enclosed.

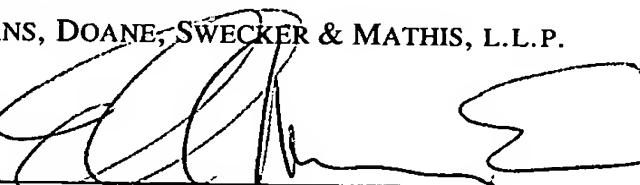
[] Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:


Ellen Marcie Emas
Registration No. 32,131

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620

Date: March 4, 2003